24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Freedom Fund	
	C C00552851
Check if 24-hour report 48-hour report New report Amends report file	d on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
House Freedom Fund	04 10 2018
Mailing Address PO BOX 1948	Amount
City State Zip Code Alexandria VA 22313	146.35 Transaction ID : E496B5E2242104815873
	Date of Disbursement or Obligation
Purpose of Expenditure IE-Matheny-Donation Processing Category/ Type	04 / 10 / 2018
Name of Federal Candidate Support Office	ce Sought: X House District: 06
Matheny, Judd, , ,	President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought Disk 2018	oursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
House Freedom Fund	M M / D D / Y Y Y Y
Mailing Address PO BOX 1948	04 17 2018
	Amount
City State Zip Code	7.25
Alexandria VA 22313	Transaction ID : EB20F17E7FBCC454EAC
Purpose of Expenditure LE Mathony Popular Processing Category/	Date of Disbursement or Obligation
IE-Matheny-Donation Processing Type	04 17 2018
Name of Federal Candidate Support Office	ce Sought: House District: 06
Matheny, Judd, , ,	President Senate State: TN
Calendar Year-To-Date Dist	pursement For: X Primary General
Per Election for Office Sought 9335.91 201	
(a) SUBTOTAL of Itemized Independent Expenditures	153.60
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	·
Brown, Megan, , ,	M / D D / Y Y Y Y
	05 11 2018
Olynature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
House Freedom Fund	C C00552851		
Check if 24-hour report	I on M M / D D / Y Y Y Y Y		
Full Name of Payee House Freedom Fund	Date of Public Distribution/Dissemination		
	04 24 2018		
Mailing Address PO BOX 1948	Amount		
City State Zip Code	80.15		
Alexandria VA 22313	Transaction ID : E6D2C5ED9B38646179D4 Date of Disbursement or Obligation		
Purpose of Expenditure IE-Matheny-Donation Processing Category/ Type	04 / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	e Sought:		
Matheny, Judd, , ,	President Senate State:TN		
Calendar Year-To-Date Per Election for Office Sought Disbute	ursement For: ✓ Primary General Other (specify) ✓		
Full Name of Payee	Date of Public Distribution/Dissemination		
House Freedom Fund	05 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address PO BOX 1948	Amount		
City State Zip Code	678.25		
Alexandria VA 22313	Transaction ID : E9DE9F68C8B294F22A45 Date of Disbursement or Obligation		
Purpose of Expenditure IE-Matheny-Donation Processing Category/ Type	05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office	e Sought:		
Matheny, Judd, , ,	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disb 2018	ursement For: Primary General Other (specify)		
•			
(a) SUBTOTAL of Itemized Independent Expenditures	758.40		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.			
	05 11 2018		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI LIVE	TIONES		PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
House Freedom Fund				C C00552851
Check if 24-hour report × 48-hour report	X New rep	port Amends repo		M / D D / Y D Y D Y
Full Name of Payee			Date of	f Public Distribution/Dissemination
Envision Marketing				05 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 148 Graves Mill Rd			Amoun	t
City	State	Zip Code		7470.87
Lynchburg	VA	24502		ction ID : EB8CB84FA7F7F427E8DB f Disbursement or Obligation
Purpose of Expenditure IE-Matheny-Direct Mail Production		Category/ Type		05 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		x Support	Office Sought:	House District: 06
Matheny, Judd, , ,		Oppose	Preside	Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		17565.18	Disbursement 2018 Ott	For: X Primary General ner (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
House Freedom Fund				05 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 1948			Amoun	ıt
City	State	Zip Code		15.75
Alexandria	VA	22313		ction ID : E2F281698668B49BDB9E f Disbursement or Obligation
Purpose of Expenditure IE-Matheny-Donation Processing		Category/ Type		05 07 Y Y Y Y Y Y Y
Name of Federal Candidate		x Support	Office Sought	: X House District: 06
Matheny, Judd, , ,		Oppose	Preside	nt Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	.,,	17580.93	Disbursement 2018 Ot	For: ✓ Primary General her (specify) ✓
(a) SUBTOTAL of Itemized Independent Expend	litures			7486.62
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	
(c) TOTAL Independent Expenditures			· .	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Brown, Megan, , ,	[Electro	nically Filed] Date	9 05	11 2018
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Freedom Fund	C C00552851
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Allegiance Direct Llc	05 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 15 N. King St. Ste. 205	punt
City State Zip Code	6756.70
Leesburg VA 20176 Tran	nsaction ID : E5A4764E347F94FFCB83 e of Disbursement or Obligation
Purpose of Expenditure IE-Matheny-Direct Mail Production Category/ Type	05 10 2018
Name of Federal Candidate X Support Office Sough	ght: 🗶 House District: 06
Matheny, Judd, , ,	TN
Calendar Year-To-Date Per Election for Office Sought Disburseme 2018	ent For: ✓ Primary General Other (specify) ✓
Full Name of Payee Date	e of Public Distribution/Dissemination
Mailing Address Amo	ount
City.	
City State Zip Code	
Purpose of Expenditure Category/ Type	e of Disbursement or Obligation
Name of Federal Candidate Support Office Sou	ght: House District:
Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought	ent For: Primary General Other (specify) ▶
	Carlot (epoonly)
(a) SUBTOTAL of Itemized Independent Expenditures	6756.70
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	15155.32
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Brown, Megan, , , [Electronically Filed] Date 05	11 2018
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